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Internal Medicine Cases **KeyWords**

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Internal Medicine Cases KeyWords

** Cardiology

- * Splitting S2,S4 at Apex , Chest Pain , Dyspnea , Congested Neck Veins , Basal Inspiratory Crackles , Ejection Systolic Murmur at Upper Right Sternal Border (Chronic Heart Failure due to Aortic Stenosis) .
- * Chest Pain , Dyspnea , Congested Neck Veins , Basal Inspiratory Crackles , S3 at Apex (Chronic Heart Failure due to Ischemic Cardiomyopathy) .
- * Rheumatic Heart Disease in Patient develops Tachycardia , Coughing , Shortness of Breath , Irregular Rhythm (Rheumatic Heart Disease , Mitral Stenosis , Atrial Fibrillation) .
- * History of Rheumatic Fever, Bilateral Basal Crepitations , Pitched Systolic Murmur Propagated to Axilla (Rheumatic Heart Disease , Mitral Valve Disease , LSHF , Predisposing Factor: Infective Endocarditis) .
- * Tachycardia , HTN , Palpable LV , Loud S2,S3,S4 (LSHF due to Hypertensive Cardiomyopathy) .
- * Severe Retrosternal Pain , Elevated Cardiac Enzymes , Depressed ST Segment (Acute Non ST Segment Elevation Myocardial Infarction) .
- * Chest Pain when Taking Breath , FHMA [Fever , Headache , Malaise , Anorexia] , Pericardium Rub , Elevated ST in All Leads (Viral Pericarditis) .
- * History of Sore Throat , Fever , Joint Pain , Pansystolic Murmur (Rheumatic Fever) .
- * Diabetic Patient , Epigastric Pain Not Relieved by Antacids , Nausea , Vomiting (Inferior MI) .
- * Murmurs
 - 1- Ms = mid diastolic localized to apex & MR = Systolic and radiating to Axilla .
 - 2- AR = Diastolic in 2nd Aortic Area & AS = Systolic Radiating to Carotid Apex + Syncope .
 - 3- Irregular Pulse & Stroke = AF .
- * Ischemic Pain (If > Half hour = MI ... If < Half hour = Angina)
 - 1- Topography or CT is Essential
 - 2- Persistent ST Elevation in Patient with MI (Myocardial Aneurysm [Late Comp. of MI]) .
- * Symptoms of Low Cop + Muffled HS + Low voltage ECG (Pericardial Effusion) .
- * Chest Pain & ST Elevation in All Leads (Pericarditis) .
- * Multiparous Female + Dyspnea & Chest Pain + Loud S2 (Pulmonary HTN " Repeated Showering ") .
- * Chest Pain + Cough + Dyspnea + Hemoptysis + tinge of jaundice (Pulmonary Infarction) .
- * Acute Shock + Cyanosis + Dyspnea + Low cop (Massive Pulmonary Embolism) .
- * Long Standing " severe " HTN + Disturbed Conscious Level Without Lateralization (Hypertensive Encephalopathy) .
- * Anorexia , Nausea , Vomiting & Blurring of Vision in Patient with HF (Digitalis toxicity) .
- * Fever + Arthritis of Big Joints + Tic Tac Rhythm (Rheumatic Fever) .
- * Sudden Severe Chest Pain Radiating to The Back + Dyspnea + Murmur (Dissecting Aortic Aneurysm) .

**** Blood**

- * Pallor , Fatigue , Low Hb , Low HCV (Iron Deficiency Anemia) .
- * Pallor , Fatigue , Occult Blood in Stool , Oesinophilia , Reddish Worms in Duodenum , Low Hb , Low MCV (Iron Deficiency Anemia with Oesinophilia due to HookWorm Infection) .
- * Low Hb , Low RBCs , High MCV , Low WBCs (Megaloblastic Anemia most likely Pernicious Anemia) .
- * Low Hb , Reticulocytosis , Heinz Bodies (G6PD Deficiency) .
- * Low Hb , Reticulocytosis , Pain All Over The Body (Sicke Cell Anemia) .
- * Young Female , Low Hb , Reticulocytosis (Autoimmune Hemolytic Anemia) .
- * Low Hb & WBCs & Platelets [or 2 of Them] , Decreased Bone Marrow Cellularity (Aplastic Anemia) .
- * Splenomegaly , Lymphadenopathy , Very High Lymphocytosis (Chronic Lymphocytic Leukemia CLL) .
- * Splenomegaly , Myeloblasts , Myelocytes (Chronic Myeloid Leukemia CML) .
- * Middle Aged Female , Bleeding All Over Her Body , Very Low Platelets (Immune Thrombocytopenia) .
- * Prolonged Fever , Lymphadenopathy , Hepatosplenomegaly (Lymphoma) .
- * Bleeding tendency :-
 - 1- Petechiae or Rash (ITP) .
 - 2- Severe Hemoptysis , Hematemesis (Dissecting Intravascular Coagulopathy or Vit.k Deficiency) .
 - 3- Increase WBC's : Blasts > 30 % (Acute leukemia) .
Blasts < 10 % (Chronic Leukemia) .

**** Chest**

- * Dyspnea , Chest Tightness , Cough , Clear Sputum , Triggered by Exercise (Bronchial Asthma) .
- * Dyspnea , Cough , Wheezes 1 Hour after Aspirin (Aspirin Induced Asthma) .
- * Cough , Yellow Sputum , Dyspnea , Heavy Smoker , Hyper-Resonance of Lung , Expiratory Wheezes (COPD) .
- * Acute Dyspnea , Shortness of Breath , Sitting Too Much Time in Bed or Bus , Taking CCPs (Pulmonary Embolism) .
- * Tall , Thin , Sudden Dyspnea , Smoker , Right Sided Chest Pain (1ry Spontaneous Pneumothorax) .
- * Yellow Sputum , Dullness , XCR: Infiltration of Left Lower Lobe (Community Acquired Pneumonia) .

- * Hemoptysis , Chronic Bronchitis , Weight Loss , Heavy Smoker , Clubbing (Bronchogenic Carcinoma) .
- * History of Pneumonia , Dullness , Blunt Costophrenic Angles (Exudative Pleural Effusion) .
- * Dyspnea , Dry cough , Facial Congestion , Bluish Tinge (Superior Mediastinal Syndrome) .
- * COPD Patient Develops Sudden Stabbing Chest Pain (Simple Pneumothorax) .
- * Sputum :-
 - 1- Smoker [Chronic Bronchitis] + Hemoptysis (Bronchogenic Carcinoma) .
 - 2- Smoker [Chronic Bronchitis] + Dyspnea + May be Wheezes & Excessive Sputum (COPD) .
 - 3- Hemoptysis + Loss of body weight + Night sweating (TB) .
 - 4- Purulent sputum = Suppurative , If After Operation (1ry Lung Abscess) .
 - 5- Wheezy Chest in Young Age (Bronchial Asthma) .

**** Liver**

- * Acute Condition Days Ago , FHMA , Jaundice, Hepatomegaly , High ALT & Bilirubin (Acute Hepatitis) .
- * History of Blood Transfusion , Jaundice , Shifting Dullness , Abdominal Distension , Low Albumin , High Bilirubin (Ascites caused by Portal Hypertension as a Complication of Cirrhosis) .
- * Jaundice , LL Edema , Shifting Dullness , Low Albumin (Liver Cirrhosis) .
- * Chronic HCV Years Ago , Jaundice , Ascites (Liver Cirrhosis due to HCV) .
- * Patient Jaundiced & Cachexic , Hepatomegaly , Distended GB , Dilated Biliary Ducts (Malignant Obstructive Jaundice) .
- * Jaundice Or Ascitis Or Coma = Encephalopathy :-
 - 1- If Dark Urine , Clay Color Stools (Obstructive or Hepatocellular Jaundice) .
 - 2- If Dark Stools , Normal Urine (Hemolytic Jaundice) .
 - 3- If Jaundice , LL Edema , Ascites , Decreased Albumin (Liver Cirrhosis) .
 - 4- If All + Hematemesis (Complicated by Portal HTN) .
 - 5- If All + Spider Nevi , Palmer Erythema , Gynecomastia , Bleeding Tendency .. etc (Liver Cell Failure) .
- * Abdominal Pain , Tenderness , Fever & May be Encephalopathy (Spontaneous Bacterial Peritonitis) .
- * If Rapid Deterioration of Cirrhotic Patient + Increase in Alfa Feto Protein (HepatoCellular Carcinoma) .
- * If Fever + Rt hypochondrial Pain + Tea Colored Urine + Increase in Liver Enzymes (Acute Hepatitis) .
- * If Pruritis + Clubbing + Features of Obstructive Jaundice (1ry Biliary Cirrhosis) .
- * If Jaundice + Abnormal Movements + Family H/O (Wilson Disease) .

**** GIT**

- * Repeated Epigastric Pain with Fullness for 5 Years with No Organic Cause (Functional Dyspepsia) .
- * Heart Burn for Years developed Dysphagia & Bolus Impaction (GERD,, Also Esophageal Cancer due to Barrett's Esophagus) .
- * Recurrent Epigastric Pain when Fasting Awakes Patient from Sleep & Microcytic Anemia (Peptic Ulcer complicated by Bleeding as Suggested by Anemia) .
- * Patient Receiving NSAIDs Now Vomiting Small Cup of Blood (Drug Induced Gastritis & Possibly Ulcer complicated by Acute GIT Bleeding) .
- * Several Years Cramping Abdominal Pain with Non-Bloody Stool , Small Amount , Partially Relieved by Defecation (IBD) .
- * Bloody Diarrhea , FHMA , Vomiting , Pallor , Fissure , Hemorrhoids , Previous Radiotherapy ,, D.D ? (Ulcerative Colitis , Crohn's Colitis , Infectious Colitis , Ischemic colitis , Neoplasia , Irradiation) .
- * D.D of Watery Diarrhea ? (Osmotic & Secretory Diarrhea [Discuss]) .
- * Non-Bloody , Semi-Formed Stool , Greasy Diarrhea , Loss of Weight (Cancer Esophagus , Mediastinal Syndrome , Achalasia , Cervical Oesophytes) .
- * Large Vol. Greasy Diarrhea , contains Undigested Food (Small Bowel Diarrhea with Malabsorption) .
- * Abdominal Pain & Diarrhea with Visible Blood , Dilated Air-filled Colon (Ulcerative Colitis) .
- * Diabetic Patient develops Diarrhea D.D ? (Autonomic Neuropathy , Bacterial , Metformin Induced , Autoimmune) .
- * The Same Case with History of Ciprofloxacin Intake (Antibiotic Associated Colitis) .
- * Fever , Night Sweats , Watery Diarrhea , Bowel Thickness , Enlarged Mesenteric LNs (Tuberculosis Enteritis) .
- * Old Patient , Constipation , Weight Loss , Blood in Stool (Cancer Colon) .
- * Bright Red Blood in Stool , Positive Family History of Bleeding Per Rectum (Inherited Familial Polyposis Syndrome) .
- * Abdominal Pain + GIT Symptoms Without Organic Abnormality (Functional Dyspepsia) .
- * Epigastric Pain (Peptic Ulcer or Pancreatitis) .
- * Bulky Diarrhea + Loss of Vitamins (Malabsorption) .
- * Bloody Diarrhea + Tenesmus + Mucous in Stools (Dysentery) :-
 - 1- No toxic symptoms (Amoebic Dysentery) .
 - 2- Toxic Symptoms + Fever (Shigellosis) .

3- Portal HTN , Polyps , Colic Mass (Bilharzial) .

* Abdominal Pain Increasing by Meal & Relieved by Defecation (IBD) .

* Lower Quadrant Abdominal Pain + Non Bloody Diarrhea + Urinary Tract Fistula (Chron's) .

* Occult Blood in Stools + Anemia + Progressive Constipation (Cancer Colon) .

* Bleeding Per Rectum + Positive Family H/O + No Other Abnormality (Familial Polyposis) .

**** Nephrology**

* Anorexia , Nausea , Fatigue , High Urea , High Creatinine , Hyperkalemia , Hypocalcemia (End Stage Renal Failure) .

* Severe 3 Days Diarrhea , Oliguria , High Creatinine , High Urea (Pre-renal Acute Kidney Injury) .

* LL Edema , Puffiness of Eyelids , High Albumin in Urea , High Cholesterol (Nephritic Syndrome) .

* History of Methicilline Intake Followed by Oliguria , Rash , Fever (Methicilline Induced Interstitial Nephritis) .

* History of Sore Throat , Oliguria , High Jugular Venous Pressure , Blood & Proteins in Urine (Acute Post-Streptococcal Nephritic Syndrome) .

* His Father died of Cerebrovascular Accident , He developed Painless Hematuria then Renal Failure (Polycystic Renal Disease) .

* History of Taking Gentamycin , NSAIDs then Inability to Pass Urine (Acute Kidney Injury due to Gentamycin , NSAIDs) .

* Hypertension , Protein in Urine , High Urea & Creatinine (Chronic Kidney Injury) .

* 15 y Old Patient with High Proteins in Urine , Low Albumin in Serum , LL Edema , Puffy Eyelids (Minimal Change Nephrotic Syndrome [Suggested Mainly by being Younger than 18 Years]) .

* Urine (Oliguria [Less 400cc / Day] or Polyuria [More than 1500 cc / Day]) .

* Urea & Creatinine >>> Ratio .

* RBC's Casts + Oliguria + HTN + Edema (Nephritic Syndrome) .

* Lipid Casts + Increase Cholesterol (Nephrotic Syndrome) .

* DM + Edema + Anorexia & Nausea (Renal failure) .

**** Endocrine**

- * Post-Partum Hge then Can't Lactate her Baby , Lack of Hair Growth (Sheehan's syndrome) .
- * Diabetic , Facial Fullness , High Na , Low K , Inverted Cortisol Rhythm (Cushing syndrome) .
- * SLE Patient receiving Steroids then Stopped it ,, Now She is Shocked (Adrenal Crisis) .
- * Recurrent Episodes of Hypertension in Middle Age with Headache & Palpitation (Pheochromocytoma) .
- * Change in Ring & Shoes Size , Coarse Face , High Prolactin (Acromegaly) .
- * Obese Male developed Burning Sensation in Leg & Cellulitis , Nocturia (Diabetes Mellitus) .
- * Diabetic Patient receiving Insulin found Comatosed D.D ? (Hypoglycemic Coma , DKA Coma , CNS Affection) .
- * Polyuria , Polydypsia then Abdominal pain , Irritation , Dehydration , Vomiting (DKA) .
- * Diabetic , Burning Leg , Fundus Micoaneurysm , High Creatinine , Normal Kidney Size (Microvascular Complications of DM : Retinopathy , Nephropathy , Neuropathy) .
- * Fasting Sugar 115 , 2 Hours Postprandial 186 (Impaired Glucose Intolerance) .
- * Middle Aged Female , Loss of Weight , Exophthalmus , Thyroid Swelling , Hand Tremors (Grave's Disease) .
- * Very Low Glucose , High Insulin , High Proinsulin (Insulinoma) .
- * Electrolytes or Glucose :-
 - 1- Decreased K (Cushing or Conn's) .
 - 2- Increased K (Addison) .
 - 3- Ca (Parathyroid or Metastasis) .
- * Thyroid :- Body weight : Increase (Myxedema) ,,, Decrease (Thyrotoxicosis) .
- * Wight Gain + Bradycardia + Distant or Diminished Heart Sound (Myxedema) .
- * Young Age + HTN + Associations [Neurological e.g Ataxia] (Pheochromocytoma) .

**** Rheumatology**

- * Malar Rash , Small Joints Pain , Alopecia (SLE) .
- * Butterfly Rash , Pericardial Rub , Shortness of Breath (SLE with Pericardial Effusion) .
- * Small Joints Pain , Morning Stiffness , Numbness in Right Hand (Rhematoid Arthritis Cause of Numbness is Carpal Tunnel Syndrome) .
- * Patient with SLE developed LL Edema & Puffiness of Eyelids (Lupus Nephritis) .

- * Heartburn , Fingers Pain , Raynaud's , Skin Nodules , Telangectasia , Dyspnea , Central Cyanosis , Bilateral Basal Lung Crepitations , Hepatomegaly , LL Edema (Scleroderma) .
- * Diabetic Patient developed Swollen Tender Lt Foot D.D ? (Septic Arthritis , Gouty Arthritis , Cellulitis) .
- * The Same Case with History of Thiazide Intake (Gouty Arthritis) .
- * Very Old Woman Diabetic with Knee Pain Bilaterally ,, Rt Knee is Tender & Swollen (Most Probably Osteoarthritis) .
- * Repeated Oral Aphthae , Scrotal Ulcers , Positive Pathergy Test (Behcet's disease) .
- * Collagen Disease : ESR > 100 :-
 - 1- Arthritis + Morning Stiffness (Rheumatoid Arthritis) .
 - 2- Alopecia + Malar Rash + Kidney Affection (SLE) .
 - 3- GIT disturbance + HTN (SCL Crisis) .
 - 4- Recurrent Abortions (Antiphospholipid Syndrome) .
 - 5- Renal stones + pain of big toe (Gout) .
 - 6- Postmenopausal Female + Low Back Pain (Osteoporosis) .

**** Neurology**

- * Old Male , Has All Risk Factors of Atherosclerosis , Developed Rt Weakness , Rt Homonymous Hemianopia , Rt Facial Weakness & Rt Hypoglossal Paralysis (Cerebrovascular Stroke due to Thrombosis of Lt Middle Cerebral Artery MCA) .
- * Severe HTN ,Coma , Repeated Vomiting , No Meningeal Irritation (Intracerebral Hemorrhage) .
- * Numbness in Right Arm Resolve Spontaneously (Transient Ischemic Attacks) .
- * Old Woman , Dizziness , Vertigo , Vomiting , Numbness in Rt Face & Lt Arm (Cerebrovascular Stroke in Vertebrobasilar System Most Likely Right PICA [Posterior Inferior cerebellar artery]) .
- * Legs weak then Arms Weak ,, This is Rapid & Flaccid ,, D.D ? (GuillanBarre Syndrome , Myasthenia Gravis , Myelopathy , Collagen Diseases) .
- * If The Same Case + Absence of Sensory Loss & Bilateral Plantar Response (Guillan Barre Syndrome) .
- * Throbbing Headache in Left Temple with Flashes of Light (Migraine with Aura) .
- * Sudden Headache Never Felt Before , Nausea , Vomiting , Normal Lab. Values (Subarachnoid Hemorrhage) .
- * Headache , Fever , Neck Rigidity , Can't Resist Light or Noise , Trunk Rash , Severe Pain on Extending Knee (Bacterial Meningitis) .

* Low Back Pain Increased with Coughing , Loss of Normal Lumbar Lordosis (Mechanical Dearrangement of Lumbosacral Spine due to Prolapsed Intervertebral Disc) .

* LL Weakness , Hesitancy of Micturition , Cough , Hemiparesis (Extramedullary Compression of Spinal Cord at Level of Mid Thoracic Vertebrae due to Bronchogenic Carcinoma) .

* Paralysis Or Disturbed conscious level (Meningitis or Subarachnoid Hge) .

* Weakness of LL + Micturition Troubles + No CNS Affection (paraplegia) .

* Back Pain + Loss of Lordosis (Disc Degeneration) .

* Rhythmic Flexion & Extension + Bitten tongue + Drowsiness (Tonic Clonic Epilepsy) .

* Paralysis + Loss of Pain & Temp. + Intact Deep + Anemia (Subacute Combined Degeneration SCD) .

* Increased ICT + Fever + Rash + Neck Rigidity (Meningitis) .

* Sudden Headache & Nausea & Vomiting Without Lab. Abnormalities (Subarachnoid Hge SAH) .

* Throbbing Pain in Temple + Flashes (Migraine "Aura") .

* Vertigo + Vomiting + Facial Pain or Numbness " 5th " (Vertebrobasillar Stroke) .

* Any Neurological Deficit Recovers Spontaneously (TIA) .

* Increased ICT + Severe HTN + No Meningeal Signs (Intracranial Hemorrhage) .

* L'hermit sign + Paralysis + Early Loss of Abdominal Reflexes (DS) .

* Back Pain + Lost Ankle Preserved Knee + Meningitis (Sciatica) .

* LMN Facial Paralysis After Cold Exposure (Bell's Palsy) .

* Ataxia + Hemiplegia + 5th Nerve Affection (CPA Tumor / Cerebello-Pontine Angle Tumor]) .

**** Infection**

* Fever – GIT Symptoms – Lymphadenopathy :-

1- Fever + Constipation + Rash + Relative Bradycardia (Typhoid) .

2- Fever + GIT Symptoms + Tender Hepatomegaly + Basal Lung Crepitations (Amoebic Liver Abscess) .

3- Fever + Chills + Sweating + Trip to Africa (Malaria) .

4- Fever + Visual Manifestations + Lymphadenopathy + Caring a Cat (Toxoplasmosis) .

5- Painful Swollen Joint & Family History of Sexual Transmitted Disease (Septic Arthritis due to Neisseria Gonorrhea) .

6- Fever + Sore Throat + Lymphadenopathy & Rash After Ampicillin (Infectious Mononucleosis) .

7- Fever for 3 Weeks , 10 Days Free + Lymphadenopathy or HSM (Brucellosis) .

8- Epigastric Pain + Perverted Appetite + Anemia (Ankylostoma) .

9- Severe Watery Diarrhea , Vomiting + Signs of Dehydration (Cholera) .